

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X618

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of Ins	
Hing Wang				812-542-2728	(mm/dd/yr)) _ [18 -]
Establishment Address (number and street, city, state, zip code) 2123 E Spring St New Albuny, IN 47150					6-1,8	-19 115
Owner Kong Huang Ni				Purpose: 1. Routine	Follow-up	Release Date
Owner's Ad	idress 3 E	Spi	ring St	3. Complaint	Summary	of Violations:
Person in C	harge ng H	r Van		4. Pre-Operational 5. Temporary	c <u>Ø</u>	NC R
Responsible	Pérson's l	E-maí		6. НАССР	Menu Typ	oe (See back of page)
Certified Fo	od Manag 1994		N: 7-17-21	7. Other (list)	12	34 <u>5</u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
416	1/4	R	Observed dad insects in	light sen shiel	7	3 days
			in map sink room.	17) 11	: 1	7.7
			7 - 07 - 07 - 17 - 17 - 17 - 17 - 17 - 1			
	-		·			
						
		\vdash				,
		 				<u>-</u>
		\vdash		·		:
j	44.				**	
	 					:
ļ	<u> </u>	\vdash			-	
		\vdash				
		<u> '</u>	· · ·	·		
		<u> </u>				
		<u> </u>				
				· · · · · · · · · · · · · · · · · · ·		
Received by (name and title printed): Thomas Suider, EHS						
Received by	(signature	7		Inspected by (signature):	L	
ce:		Ĵ	сс;		ee:	